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Original Articles.

A CASE OF CHOREA IN INFANCY.

By HAROLD N. MOYER, M. D.,
CHICAGO, ILLS.

MOST writers are agreed in stating that chorea is very rare under five years of age, though congenital cases have been reported by Richter and Fox, and Simon has met with the disease in children but a few days old. The condition is, however, so exceptional that any authentic case is worthy of record. S. C. presented herself at the clinic for nervous diseases in Rush Medical College; she was accompanied by her father and mother. She was fifteen years of age, had menstruated once, and was fairly developed for her age. There was no neurotic heredity. Her birth was natural, was not prolonged, and no instruments were used. Nothing wrong was observed until the child was six months old, at which time she began to sit up. It was then noticed that there were irregular movements of the arms, and there was a tendency of the head to roll or fall to one side. The parents are positive that there was no inability to move the head or extremities, but simply disorderly movements similar to those she now exhibits. There was no history of injury or inter-current sickness. She was a well developed, healthy infant.

The movements were always confined to the upper extremities and the head.

As she enters the room, the head is carried considerably to the right and forward. She can straighten the head without much effort, though in doing so there are irregular movements of the head that are quite characteristic of chorea, being irregular and jerky in character. The head can be carried forward or backward, or to the right, to a normal degree, but the movements to the left are somewhat restricted, and there is some tension of the right sterno-mastoid. Co-ordination is normal in both upper and lower extremities. With the eyes closed she can bring the tips of her fingers together, though the effort to do so excites the irregular choreiform movements. These seem to be largely confined to the arms, shoulders and muscles of the neck. The forearms and hands as well as the lower extremities being quite free. Station with eyes closed was well maintained. The deep reflexes were normal, as was sensation. A careful examination of the electrical reactions of the upper arm and neck muscles showed no material alteration of the electrical reactions with either current; sensation was normal; the pupils reacted normally to light and accommodation; vision was good in both eyes. Ophthalmoscopic examination showed a normal fundus. The intelligence of the patient

was good ; she has attended school since her sixth year, and is as far advanced as the average pupil of her age. The voice is rough and hoarse, and sentences are spoken in the jerky, irregular way, characteristic of chorea of the larynx. An effort to examine the movements of the vocal cords failed, owing to the inability to control the muscles of the throat and tongue.

The parents state that the progress of the disease has been for the better with the exception of occasional exacerbations. The muscular movements are better adjusted than formerly, and in eating she does not spill her food as she did. In this, the case is like all others of inveterate chorea in which the irregular movements are estimated and the willed movements is made at just the right time.

The case seems to be one of pure chorea and negatives the conclusion of some writers that these early, inveterate choreas are really forms of disseminated sclerosis. Indeed all of the essential features of the latter disease are absent.

A SUMMARY OF ELECTRO-THERAPEUTIC WORK IN A PRIVATE HOSPITAL.¹

By G. BETTON MASSEY, M. D.,
PHILADELPHIA.

THE recent growth of private hospitals devoted to abdominal surgery and other operative procedures deserves attention, as indicative of an increased appreciation on the part of the profession of the responsibilities of its work. These numerous institutions have risen in response to a real need. The conscientious surgeon is no longer content to subject his patient and his reputation to results necessarily attending operations in offices, private houses, hotels and public hospitals, the latter primarily intended for the alleviation of the poor. A refinement of technique that would insure the best results, required the creation of a machine adapted to the highest quality of work. It is not a little surprising that this most ordinary provision of a proper means for effective work in relieving and curing human suffering should have been so long neglected by

the medical profession, while the meanest trades that minister to the wants and vanities of the race have been housed in light and airy apartments, specially arranged for their proper and convenient prosecution.

The private hospitals for major operations have come, and have justified themselves. An extension of this sensible idea now presses upon the profession. If major surgery and the surgery of last resort needs this environment for its success, why should we neglect to supply analogous armaments to the work of curing diseases by conservative means?

There is, in fact, a double reason for such establishments, for the re-enforcement and enlargement of our power to actually cure diseased organs not only leads to greater success in such high work, but lessens also our need to resort to the cruder methods of amputation and removal of parts of the human body yet capable of restoration to health.

An establishment thus devoted to the highest development of the possibilities of electricity and allied agencies in medicine and surgery has, therefore, a reason for being in the mere fact that to be well equipped is an important part of the battle in any special line of medical study and art. It has also a reason for existence, more peculiar to itself, in the fact that the principal remedy in its equipment is itself in a transition state, and yet but imperfectly understood. To understand and apply in the most successful manner what is already known of the remedy requires technical knowledge of no mean extent, costly apparatus, and particular facilities; and when the extension of our knowledge of the agent is also considered, the value of enlarged facilities is even more evident. It is true that many of the uses of electricity in medicine may be prescribed and applied by a physician without an extensive knowledge of the agent, just as he prescribes a ready-made pill, but the higher possibilities of the advancement of therapeutic knowledge in this way are as impossible as that a mere user of the telephone could have done Edison's work.

It was such considerations that determined the establishment of a private hospital for the development of electro-therapeutics in this city, and the cordial co-

¹Read before the Philadelphia County Medical Society, April 26th, 1893.

operation in the work by many members of the profession has already enabled me to present a brief summary of the results accomplished.

A variety of cases have been under treatment, in the majority of which electricity has formed the principal therapeutic agent, though a not inconsiderable number have received electrical applications as a secondary part of the treatment; rest, massage, regulated exercise and internal medication being associated with them.

FIBROID TUMORS OF THE UTERUS.—Twenty cases of myo-fibromata of the uterus were admitted, presenting many variations of the affection. Of the twenty cases, fifteen were of the ordinary solid varieties, to which the Apostoli method is now generally regarded as applicable.

The results attained in these fifteen cases of solid interstitial and subperitoneal growths were as follows: No further growth occurred in any, and a complete symptomatic cure was obtained in each. Of these fifteen tumors thus symptomatically cured, two were also anatomically cured, the growths disappearing entirely in each; ten were greatly reduced in size; two slightly reduced in size (both being still under treatment); and one was not affected as to size.

The five remaining cases were all intra-uterine growths, two being solid polypi with small pedicles. The latter were brought into the vagina by the use of faradic currents and ergot and removed by torsion and division, after which the cavity of the uterus was treated by intra-uterine galvanic currents to prevent a possible re-growth. Three cases were cystic intra-uterine growths of the most formidable kind described. It is well known at present that cystic growths as a rule are not amenable to electricity, and after attempting relief by external methods in one of these a lack of success caused me to refer it to a surgeon. The second intra-uterine cystic growth, forming a tumor as large as an adult head, having been referred to me by a prominent surgeon, was treated by the intra-uterine methods with unfortunate results, owing to a failure to maintain asepsis. Death occurred from septicæmia two weeks after admission to the private hospital, as elsewhere reported, the sepsis

having been received during office practice.

The third intra-uterine cystic tumor, and the final one of this list, was almost an exact counterpart of this fatal case, though the spongy intra-uterine mass was vascular. This lady was sent to me by a surgeon who recognized the difficulties attending hysterectomy with a widely dilated cervix, even if she had consented to the operation. After mature deliberation and attempts to enucleate piecemeal, which were desisted from owing to frightful hemorrhage, I decided to apply strong, necrosing currents from 400 to 600 ma. directly to the presenting portions of the mass at the external and internal os, being convinced of my ability to maintain a reasonably aseptic condition by continuous irrigation, a suggestion which I owe to Dr. Slocum. These currents, applied after the bipolar methods, practically dissolve tissues in the immediate path of the current and produce a coagulated condition of living tissue at the periphery of the destroyed part that in itself is a bar to septic absorption for a time. Under this treatment, the whole tumor was gradually removed, without a drop of blood as a rule, and at the present time the uterus is almost normal in size.

Reserving an opinion on the future of electricity in cystic growths of the uterus, it will be seen that these statistics do even more than corroborate Apostoli's claims, for at least two of the cured cases disappeared completely by absorption.

CHRONIC METRITIS.—In spite of the prevalent impression that chronic catarrhal metritis is a rare disease and relatively unimportant as compared with inflammatory conditions of the appendages, eight cases admitted to the institution were diagnosed as suffering primarily from this affection. In seven of these the diagnosis was corroborated by the therapeutic evidence of relief of symptoms and restoration of health after cure of the local disease of the uterus. Each of these cases of cured metritis, and one case not relieved, with a single exception, showed a general impairment of the health amounting in some cases to pronounced nervous prostration, and in the treatment employed the disturbance of the nervous system received ample recog-

dition. Mere office treatment with electricity would doubtless have been unavailing in such cases. The nervous symptoms demanded their share of attention; yet had not a gynecological electrical treatment been associated with the rest, massage, and general electricity, a failure to relieve would have been equally certain. This class of cases is a continual reminder of the need of the practical association of a gynecological and neurological training in the worker in the diseases of women. The physical and the nervous woman are conjoined by nature in both health and disease, and no more nosological classification will separate what nature has thus joined together.

Two of these cases were samples of that unfortunately increasing number of women whose relatively normal ovaries have been removed for what was really uterine disease, and I regret to say that the only instance of failure to attain a practical cure was in one of these. A persistent uterine leucorrhœa had continued in this case two years after removal of both ovaries. The discharge was purulent, and emitted an odor so unusually offensive, though unlike that from carcinoma, that I suspected its origin to be an infected ligature at the uterine end of one of the cut tubes.

NEURASTHENIA, HYSTERIA AND NERVOUS PROSTRATION.—Seventeen cases of the allied affections of neurasthenia, hysteria and nervous prostration were admitted to the institution, and in their treatment electricity was made to take a more important role than is usually given it. Recognizing the self evident fact that nutritive disorders play an important part in the pathology of these affections, and that in some of them the real affection is an auto-intoxication of the system from imperfect action of the organs of digestion, assimilation and excretion, these organs and their controlling nerve plexuses were subjected to the actions of galvanic currents of an amperage hitherto unused in such methods. The results have proven the great value of this modification of the rest treatment, rendering cases amendable to it that were failures under the severe stress of mere enforced rest, seclusion and massage. Experience has dictated also that

the faradic current usually employed in these cases as a general muscular and sensory stimulant is best replaced by the galvanic current applied with a large flexible pad as active electrode, well soaped to render its labile action agreeable. The surface reaction is far greater than that possible in the usual faradic method, and to this is added a stimulation of deeper structures by direct chemical changes that is possible only with this current.

PERIMETRIC INFLAMMATION.—Two cases of perimetric inflammatory deposits associated with the adhesions of old pelvic peritonitis were admitted and treated mainly by the vagino-abdominal method. The most successful result was attained in the case in which the cathaphoretic transmission of potassium iodide through the parts was used in connection with the current, old adhesions being loosened, and painful cellulitic deposits and enlarged tubes rendered painless and reduced in size. The addition of a solvent agent so well known as iodine to the absorbent action of the galvanic current cannot be other than extremely valuable in this class of work.

MALIGNANT GROWTHS.—Two cases of sarcoma of the fundus uteri were under treatment for a time, without results that amounted to more than moderate palliation. If electricity has a field of usefulness in carcinoma it is only when the seat of disease can be more readily reached, as in such cases as cancer of the cervix. An experience gained elsewhere convinces me that the palliative effects of electricity in cancerous conditions of the cervix are very valuable, and they may even be curative when the disease is still distinctly local.

DESQUAMATIVE ENTERITIS.—Three cases admitted into the institution suffering from prostration and chronic invalidism supposed to be due to disease of the uterus and ovaries, proved to be instances of desquamative enteritis. One of these had been treated for fifteen years for ovarian disease by some of the most prominent practitioners in the country without the true nature of the disease being suspected, and another had been mistakenly diagnosed and treated for five years. A study and examination of the stools, which is invariably made in ob-

scure cases, revealed the true character of the trouble; a chronic desquamative inflammation of some portion of the intestinal tract, usually the colon. In one of these a pulsating tumor lay in the left hypochondriac region, doubtless consisting of thickened membrane and enlarged glands lying over the abdominal aorta. In another case the pulsation was also manifest, and all the cases were bronzed to a varied degree. One was discharged much improved by a treatment consisting of the nitro-hydrochloric acid, arsenic, external galvanic currents and regulation of the diet, and two cases are improving under treatment of a similar character.

My experience in this affection has convinced me that many cases remain undiagnosed by physicians who neglect to avail themselves of the signal aid given in obscure chronic diseases by systematic examination of the alvine discharges.

MISCELLANEOUS.—Other cases admitted presented instances of ovaritis, menorrhagia, chlorosis, pernicious anæmia, obstruction of the bowels, meningitis, chorea, multiple neuritis, musculo-spiral-spasm, hemiplegia, locomotor ataxia, etc., in some of which excellent results were obtained, but as the number of each was limited, no general deductions from them will be presented at the present time.

212 SOUTH FIFTEENTH STREET.

ILLINOIS STATE HOSPITAL NOTES.

By DR. S. V. CLEVENGER.

[Medical Superintendent Illinois Eastern Hospital for the Insane.]

IN this series will be recorded, from time to time, items concerning nervous and mental diseases, gathered from experiences in the Illinois Eastern State Hospital for the Insane, at Kankakee.

It is the custom here to at once notify relatives of patients upon anything occurring to the latter, such as illnesses, or other changes from the ordinary. In this way the patient's friends are enabled to co-operate in their care and are not so often shocked by unlooked for events.

Folie a deux. An insane mother visited her daughter, who is a patient here, adjudged insane through the testimony of her sisters. Both mother and child

have delusions concerning the same matters and most judicious handling was required to separate the two, as they insisted upon being allowed to leave the institution together. The mother is better able to control herself abroad and so is allowed her freedom, but she has imbibed her delusions from her daughter, who grows quite violent at times. The French announcement of this imparted manifestation of insanity affords the name by which it is known, *folie a deux*.

Insanities instituted by or complicated with alcoholism frequently cause asylum physicians more than ordinary solicitude. Under the watch and restraint of hospital sojourn and their gradual admission to parole, with occasional breaks thereof, many such patients assume to all appearances their original mental conditions. They, to superficial observers, are perfectly sane; many work cheerfully in the shops and talk quite intelligently about the possibility of relapses if allowed to go. But a large percentage are importunate, and these are the least to be trusted, for their anxiety to flit is born of their inability to gauge their will power to resist temptation, and back they come, not infrequently with newspaper or other criticism of the hospital authorities for having liberated such a dangerous character. These same critics are just as liable to write up sensational comments on the injustice of keeping perfectly sane persons at the behest of relatives who, the critics affirm, have some pecuniary motive in the patient being deprived of his liberty. Nor is the trouble taken to inquire whether the county is not charged with the case as a pauper or not.

When *habeas corpus* proceedings are begun, the natural inference is that there must be some malign reason for the detention. Probably it is just as well in the long run that the public should be suspicious, but the conscientious hospital physicians are put to unnecessary trouble in explaining matters of pathology and general medical experience to laymen who are much more familiar with business affairs.

The hospital physicians will congratulate themselves that cases of this kind are improving, and discuss the advisability of trusting them on parole prelim-

inary to letting them go home, while cogitating over the history records of domestic horrors occurring previous to commitment; such things as attempted wife murder, brutality to children, improvidence to a criminal degree; the wife usually faring the worse, though when he is not drinking she claims her husband is the "best and kindest of men;" the mother coming next as sharer of abuse from the alcoholic insane.

Notwithstanding all this, such near relations often beset those in charge of the hospital to liberate their husbands or sons; poor, ignorant creatures, because they can only see the hopeful side of matters for themselves, and cannot appreciate the vast fund of information possessed by the physician as to the frequently disastrous consequences of too early discharges, or, sometimes, any discharge at all.

I have known the alcoholic insane to be apparently sane only while at their asylum home, and when, even after ten years of trial, they were allowed to return home, they would resume all their bad habits, such as furniture smashing, chasing the family into the streets with axes or knives, and, after being returned to the asylum in a maniacal state, they would resume all their apparent sanity and sweetness of disposition, which arouse the suspicion of the visitor that some unworthy motive on the part of somebody withholds so useful a person from society at large.

Among the sadly comic instances of this kind appear liberations after carefully weighing probabilities and listening to the threats, entreaties and promises of the family and the patient, against the better judgment and misgivings of the physicians; and when something does occur from the risk, as all too often happens, forthwith not only the public but the relatives censure the weakness of the doctors for having listened to them at all. Scylla and Charybdis are best avoided by refusing to travel between them and adopting a perfectly independent course with reference to the patient's best interests, deferring to family pleadings only so far as it is safe at all to do so.

A washerwoman, who had about as much experience with the inner life of

a large city as some physicians acquire, used to dub the defects produced by alcoholism as "street angels and home devils."

KANKAKEE, ILL., April 6, 1893

MECHANICAL TREATMENT OF LOCOMOTOR ATAXY.

By DR. REUBEN HIRSHBERG.¹

THE treatment of locomotor ataxy has made real progress in recent years. In our own time, nevertheless, the prognosis of this malady remains yet very grave; as serious indeed as in the time of Romberg, who said of all *tabétique* patients that with them all therapeutic effort was useless.²

Such therapeutic nihilism would not be justified to-day, although anatomical observations and anatomo-physiological studies most assuredly convince us that we are impotent to reach the fundamental pathogeny of the malady, *i. e.*, the sclerosis of the posterior columns of the spinal cord. But we do know, better than did our fathers, how to relieve the symptoms and secure to our patients a prolongation of life. Since the time of Duchenne and Romberg, we have come to recognize locomotor ataxy as a clinical entity, and our anatomical and pathological knowledge has been very considerably enlarged. Since the time of these two distinguished authorities, we have had four other names intimately identified with the disease of *tabes dorsalis*, *viz.*: Erb, Charcot, Westphal and Leyden. We are now better acquainted with the initial period of tabes, which knowledge the better enables us to institute such measures as will aid us in moderating the acuteness of its course. We know, too, that with the vast majority of the ataxic, the progressive symptoms may take on a very chronic course; that the disease may be arrested for many years in the course of its development, that certain symptoms may disappear, and further that its most painful manifestations may become so attenuated that

¹ Translated from the French (*Bulletin Generale de Therapeutique*) by Thomas H. Manley, A. M., M. D., Visiting Surgeon to the Harlem Hospital, etc., New York.

² Ueber die Behandlung der "Tab. Dorsal.," in *Leyden Wochenschrift*, 1892, No. 17.

we may say our patient is at least temporarily cured.—*Tabes Benin* of Charcot.

Above all things, it has been the symptomatic treatment of *tabes* which has made great progress of late years. The baths of La Malon in France and of Mannheim in Germany have incontestably exercised a most salutary effect. The discovery of the new analgesics of the aromatic series, in particular acetanilide, has exercised an enormous influence against its fugitive pains, which it relieves without, like morphine, disturbing the digestion and exercising a disastrous influence on the central nervous system. We may mention the suspension, by Motchoukowski (Odessa), which, judiciously applied in France and elsewhere, has certainly given excellent results against, not only the torturing pains, but other symptoms of *tabes-dorsalis* as well.

Brown-Sequard's method, hypodermic injection of the extracts from testicles of animals, has also been utilized in this malady. Dr. Constantine Paul has noted remarkable benefit from the hypodermic employment of an extract made from the brain-substance of the sheep. But we have tried this latter many times in which the results were entirely *nil*. Nor have we observed any benefit from the extracts of the animal testicle, and we are astonished to hear from the celebrated professor of the College of France, that with the systematic use of this testicular juice, cure was the rule.

No treatment with which we are familiar will reach the root of the malady, the sclerosis of the nerve-marrow. Hence we abandon the hope of effecting a permanent cure of this serious malady with any means at our command.

The general, physical and psychical eruptions dominate in the clinical tableau of *tabes*; and it should not be forgotten that the tabetic is usually neurasthenic as well; with a *cortège* of cerebral symptoms conjoined, which singularly aggravate the case; so that it is unreasonable to always assign all the phases of gastrointestinal disturbances to the spinal lesion.

One of our patients refrained from walking, through the fear of falling, but does walk with the assistance of his little daughter, in whom he has more confi-

dence than in his own legs. Another was persuaded that walking provoked those fugitive pains, and in consequence of the fear, immovably fixed his limbs for so long a time that they lost all power and wasted.

On page 20, of Prof. Leyden's work, we find a definition of his "Compensatory Treatment." He says: "Under this name, I mean a treatment which does not immediately attack the disease, but which develops his muscle force, and causes to disappear or diminish the motor ataxic troubles; for, by augmenting the forces of the enfeebled muscles, we markedly diminish the ataxic movements."

The French translator adds, that: "The purpose of this article is, to make known in France the invaluable method of 'Compensatory Treatment' as practiced by Dr. Frankel for *Tabes-Dorsalis*, which we have employed in two cases with signal success."

Frankel's Theory.—Frankel says that the ataxic is a man who must be taught anew, to govern the co-ordination of his voluntary muscles. The walk of an ataxic may be compared to a complicated exercise of a fat man who endeavors to execute it for the first time. For example, a man who tries the tight-rope act, for the first time in his life; certainly his movements are decidedly ataxic as compared with those of the professional. In mounting or descending stairs for the first time, our movements are always rather ataxic. In a word, co-ordinative movement is not innate with us; but we acquire it according to our needs. We may say that we are all born ataxic. Our first movements are guided by sight and by muscular sense. In more complicated movements, as in writing and playing on an instrument of music, we acquire control by long practice. With the adult, when he essays for the first time a new co-ordinative movement, the will, under the form of attention, plays an important rôle.

Returning to the ataxic: In the course of the destruction of the nerve fibers of conduction, he can no longer co-ordinate the movements of the contractile muscles without the aid of vision. He is perforce compelled to see the extent of muscular contraction and duration of movement.

Hence it is that the sense of sight, supplants, as it were, the muscular sense; although at no time is the destruction of nerve conduction complete, as observation has often proved. Temporary amelioration of the ataxia, we will sometimes notice, even in advanced cases. It may be spontaneous; or it may be under treatment; which demonstrates that a certain part of the nerve fibers remain, when muscle sense is intact. It may be that those fibers which remain can in time under favorable circumstances, compensate for those destroyed; as we may notice with a man who has lost an arm, by a species of apprenticeship the remaining untrained arm may acquire all the dexterity of the one lost. These examples of accommodation by functional adaption might be multiplied almost indefinitely. But we will now, after this, the preliminary review of functional adaption, consider the value of Dr. Frankel's treatment for the ataxia of the tabetic; as we believe that this treatment is of great utility in this condition.

The Principle of Dr. Frankel's Method consists in making the patient execute many complicated movements, with close attention on his part. These movements are executed only in the affected ataxic organs; but, what is most essential is, that the patient observes attentively the contractions of the muscles, and corrects their irregularity, which is the consequence of the ataxia. In ten cases reported by Dr. Frankel, these ataxic movements are limited to the upper extremities. With these, a most complicated series of new movements are instituted; as writing lines, circles, etc.; but it is unnecessary to describe these in full, except to say that they were varied and complex.

In principle, Dr. Frankel divides those movements into three categories.

1st. *Simple Muscular Contractions*; i. e. but one muscle, or one physiological set of muscles, as flexors, adductors, extensors, etc.

2nd. *Simple Co-ordinative Movements*. e. g. to recognize an object at a distance, touch the border of the nose with the index finger, carry the hand to the mouth, etc.

Compound Co-ordinative Movements. To carry a full teaspoon to the mouth, etc.

In applying these principles to the lower extremities, we are naturally forced to utilize the motor functions of the limbs. We have treated by Dr. Frankel's mechanical method a series of tabetic patients, at the hospital Cochin in the service of our master, M. le Dr. Dujardin-Beaumetz, with two in the city; and we may here remark, that in all the cases so treated there was a marked amelioration; although we appreciate that in a hospital there are not always the facilities to deal with these cases that there are outside. With the two cases which we treated at their homes, the diagnosis was confirmed by MM. Charcot and Erb.

Treatment: Mechanical Technique. In each case a gymnastic seance of half an hour's duration, without counting the time for rest and muscular repose between the different exercises, and massage of the limbs. It is almost unnecessary to here speak of the great value of massage after violent, muscular exercise, which is known to every one. Besides, we have the testimony of the eminent Zabloudowski who speaks with precise and conclusive force on this subject.

The seance was begun by simple exercise:

1. The patient being in bed, with the limbs bare, we commenced at the feet, working simultaneously, with both flexion, extension, adduction and abduction.

2. Flexion of knees in the same manner: first, one knee, then the other, and again both simultaneously.

3. Flexion, extension, adduction and abduction of the thighs, in the same order as described above.

Each exercise is continued until the patient is able to control the muscular contractions. After a little, it will be noticed that the patient executes his movements with more regularity and exactitude.

We pass now to exercises more complicated, during which the patient must occupy the standing attitude. Can he walk unsupported, or with a cane only? We will have great difficulty at the outset to be able to assure our patient that he can stand unsupported, for *they all* are afraid of falling. This fear is really not justified, as it is but a pathophobia, partly mental, and partly in the muscular weak-

ness. In the beginning, at each exercise, the patient will invariably cry out, "It is too difficult; I can never do it!" It is here that the moral influence must be exercised. We must teach him to outgrow this fear, and place confidence in his limbs.

Now, the exercises will commence in the order of their complexity; the simplest first, and the most complex next.

1. Sit you down, slowly, without that stick! Now raise up without it.

2. The patient stands, cane in hand, next, and raises his left leg, first completely clear of the floor, advancing it forward before the other. He returns the raised foot, and goes through the same evolution with the other.

3. Advance six paces forward with the cane. Advance slowly, and plant each foot squarely on the floor.

4. Stand without the cane, the limbs a little separated. In this position, gently let your body down on the flexed knees. Now, gently raise yourself.

5. As in the second exercise, the patient advances the left foot, then, after having drawn it back, advances the other. This is done four times.

6. March twenty paces, as in exercise No. 3.

7. Exercise without the cane.

8. Remain standing without the cane, the feet close together, hands on the haunches.

9. Remain standing without the cane, feet widely apart, and hands on the hips. Execute gymnastic movements with the hands meanwhile, backward, forward, up, down, etc.

10. Exercise No. 9, with the feet together.

11. Exercise No. 10, with the feet together.

12. Walk along a straight line, traced on a plank with chalk, using a cane.

13. Same exercise without a cane.

In this manner, we may schematically go through diverse exercises with any species of the tabetic. Occasionally the scheme may be modified; omitting this and adding that, according to the character of the ataxic troubles, the degree of development and the state of the muscles. We have, so far, given a description of the exercise which we have employed with our own cases; the mechanical

therapy for ataxic movement, in *tabes dorsalis*. Below are the histories of two cases treated after this plan, outside of hospital.

Observation 1. Patient, age 48, banker, no neurotic heredity, never was sick in his life. Married at 28; has four healthy children, the youngest eight years. It is now twenty years since he first observed the premonitions of the present illness. Development of symptoms very slow. In the beginning, fugitive pains, and difficulty in urination, limbs easily fatigued.

It is now fifteen years since Charcot diagnosed the *symptoms of tabes*, and sent the patient to La Malon. But the symptoms of locomotor ataxia steadily advanced, although very slowly, until 1888. At this time, our patient had a cerebral hemorrhage, a right hemiplegia with temporary aphasia. After this attack the ataxic state of the limbs rapidly attained empire. The left limb before this was "good," became the seat of paræsthesias, shifting from one part to another. This ataxia indiscriminately attacked the upper as well as the lower extremities. Our patient, who was an excellent pianist, could now play nothing.

Oct. 25, 1891, we note as he comes to us, that he is a man of large, portly stature, well built. He has a slight ptosis of right eye-lid, complete immobility of both pupils; muscles of the face, tongue and larynx, in normal state.

Superior Members.—The muscles of the hands and arms are well developed and show no trace of paralysis; although those muscles are decidedly ataxic, in all complicated movements, as in writing, playing an instrument and in all simple movements with the *eyes closed*. A feeling of fullness in tips of fingers, though tactile sense is normal.

Inferior Members.—The muscles of the right leg, particularly the *gastrocnemii* were soft and unresisting. The muscles of the left leg had distorted the foot into a talipes varus, although there was no paralysis of sensation present in the limb; and, by a powerful effort of the will, he could obliterate the deformity of the foot. Muscular force is conserved.

The cutaneous patella-reflexes are abolished in both sides. Tactile sensation in both legs. Muscular sensation

abolished in both sides. The patient, with both *eyes closed*, has no notion of the position or situation of either limb. Bladder, negative. Partial paralysis of the sphincter-ani. Genesic impotence. Patient cannot raise himself. To walk he employs a cane in one hand, and, with the other grasps any object within reach. So supported, he may make fifteen or twenty paces. In walking he throws his legs forward, as the feet are projected with force on the ground. In sitting, he tumbles into the chair in a heap, and, as his nates come down, his heels rise high in the air. For a considerable time he had given up all treatment.

Treatment.—Every morning a half hour's gymnastic *séance*, followed by massage of the legs. Seeing the advanced stage of the disease, he was only put through the simple exercise. After twelve days, more complex movements were begun, during which time the patient had to make voluntary movements of the legs.

Now, after three months' treatment, he is able to raise and seat himself without support. He is able to make his way about his apartments with the aid of a cane, but, in the street, he must have the support of an arm. This treatment was continued all winter with but short intermission.

He has had in our absence the misfortune to fall and injure his knees, which now requires an orthopædic support. The result of treatment, however, has not been lost, for, with his apparel, he walks now much better than before the treatment. The other symptoms of *locomotor-ataxia* have not been in any way modified by the treatment.

Observation 2. Patient 42. Without any neurotic heredity. Since eleven years of age has had rheumatic pains in his articulations. In 1871 and 1872 fugitive pains in the legs. Fifteen years later they extended into the feet and knees, the latter becoming very weak and unsteady. At La Malon in the same year, 1887, patient became paraplegic. After a month, however, the patient was able to move the palsied limb. But, nevertheless, locomotion became very ataxic.

In 1890 he consulted M M. Charcot, Erb and Grasset. All diagnosed his condition: *tabes dorsalis*.

Since 1891 patient had no treatment. From time to time he would be suspended. This would relieve somewhat the vesical symptoms and ease the pains in the legs.

In April, 1892, when he came under our treatment, his condition was as follows: He is a man of short stature, the skin is pale and slightly yellow. His general health is fair, appetite good, nothing abnormal about the eyes, their accommodation and refractions; nothing abnormal with the upper extremities, no sexual impotence; absence of Argyle Robinson's symptom (irregularity of the pupils).

The inferior extremities are greatly exerted. Both patellar reflexes wanting and the plantar reflexes are feeble.

Sensibility. Paræsthesia in the legs. Sense of touch is normal. *Muscular touch is completely abolished*, but muscular strength is quite intact, though not co-ordinative, and hence both feet are strongly adducted.

In March, Frankel's mechanical treatment was commenced. The result obtained we will leave to our patient to answer. He says: "Now, May 7, I am able to walk fifteen minutes without rest. I walk about my apartments without the aid of a cane. At night, when the pains set in the limbs, the warm bath gives me immediate relief. May 16, amelioration continues and my ability to walk is improving nicely. I can preserve unsupported my equilibrium in standing, and in the woods and fields the underbrush or irregularities of surface do not interfere with easy locomotion.

"May 21st. Pain in the right knee for half an hour. I walked nearly an hour this morning in the *Bois de Boulogne*. I was able to make the trip from the *Hotel de Poste* (Post-Office) to the *Place des Victoires*, at which latter place, I took a carriage. This is the first time that I have been able to walk in a crowd so far without fatigue.

"May 23. Was able to visit the barber and return alone (nearly 300 meters)."

The patient quit Paris toward the end of June. He returned to me early in August. Amelioration in the limbs has continued. His general health has improved, and his appearance is better. However, in spite of the remarkable

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amelioration, the cardinal symptoms of *tabes* remain the same as before treatment. The symptom is as pronounced as ever, for his muscular insensibility has remained the same since the beginning, unchanged.

The conclusion which we came to with respect to Frankel's method is not based on these two cases only, as was stated in the beginning.

CONCLUSIONS.

1. The ataxic movements of the tabetic may be very notably relieved by Frankel's method.

2. Gymnastic exercise notably improves the nutrition and strength in the affected members.

3. Exercise, methodically conducted in the affected members, greatly adds to the co-ordinate force of the muscles.

4. By appealing to the moral element of our patient, he gains confidence and hope, which for the time dispel the oppressive despondency and mental anguish which so oppress these unfortunates.

5. This method is equally applicable in all cases of the *tabetic*; though we can obtain better results when the disease is not too far advanced.

6. The only ones in which it should be contra-indicated are in that class in which the disease is attended with a serious complication, or pursues an acute course.

NOTE: COMMENTS BY THE TRANSLATOR.

I have taken pains in the preceding article to give the full text of the original, with such italicizing of words and paragraphs as are employed by the French *savant* and no others.

The article struck me as a peculiarly valuable one; as not only giving in detail the technique of Frankel's valuable method in this very obscure and painful malady, the pathology of which is yet anything but definite and satisfactory. Besides, because the author enunciates a great and grand principle, which is the key-stone to the arch of all logical therapeutics; viz "that though our patient may be a sufferer from a malady on which the most potent remedies known to art make no impression, yet by the application of that principle so

graphically laid down by the author, we may, notwithstanding all this, secure to our patient, by mental quiet, inspiring hope and a local therapy, much relief; give to the most hopeless, physical comfort; carry them out of themselves, as it were, until the spirit quietly ceases to tenant their now wrecked corporeal abode. Let us, then, not blindly pin our treatment on any of those changing pathological doctrines, which are as unstable as the ever shifting sands of the ocean; but, *when occasion arises, let the disease take care of itself and treat the symptoms*. If then our patient have a lesion beyond the reach of the surgeon's scalpel, or inappropriate for its use or for internal medication, no matter what its basic origin may be, whether tubercle, cancer, typhlitis, or anything else, let us watch for those phenomena which impress the sensorium, the moral man, and give rise to serious nutritive changes, and address our keenest observation with our most serious thoughts to solve these indications. In this way many poor, doomed unfortunates, by a proper therapy addressed to *signs* and not *assumed* pathological changes, may be given years of fair health, and that mental rest the *sine qua non*, to corporeal integrity and all human happiness.

My own experience with a considerable number of cases of spinal injuries in which either paralytic or ataxic symptoms have followed, either separately or conjointly, in my hospital service, has long since assured me that unless the medullary substance is *totally* destroyed, regardless of the age of our patient or his general condition, by an address to the psychical side, an intelligent, judicious medication, with patient, systematic gymnastic exercise, we may often work apparent wonders in many of what have been cast aside, as hopeless incurables. It is true, we cannot give one man a new set of vertebræ, or mechanically reach and gouge away an old inflammatory exudate; but, nevertheless, some one or more of the many multiform functions of the cord can be reached by a complex therapy; and often a bed-ridden patient may be put on his legs again and made a useful member of society.

T. H. M.

NEURALGIA.—ITS ELECTRICAL TREATMENT.

By W. H. WALLING, M. D.

IN the treatment of this ailment we should be careful to differentiate affections of the brain and spinal cord, rheumatism, neuritis, pleurisy, etc., from true neuralgia.

NEURALGIA of the fifth pair of nerves is, perhaps, the most commonly met with. The prominently painful spots, (Valleix's points) when this pair is involved, will be found as follows:

IN THE OPHTHALMIC DIVISION, at the supra-orbital foramen; on the upper eyelid; at the line of union of the nasal bone with the cartilage at the inner angle of the orbit and in the eye-ball itself. Still another is situated near the parietal eminence, where, at times, the pain is as violently persistent as at any other point.

In the SUPERIOR MAXILLARY DIVISION the painful points are in the infra orbital nerve at its foramen; a point over the most prominent part of the malar bone; an uncertain point on the gums of the upper jaw; a similar point on the upper lip, and another on the palate.

ON THE INFERIOR MAXILLARY DIVISION.—The painful points will be found on the auriculo-temporal branch, just in front of the ear; another on the inferior dental nerve, where it emerges through the mental foramen.

TREATMENT.—If the pain is relieved by pressure, the current from a fine secondary faradic coil, with a rapid vibration and a peculiar *tone*, will generally give relief in a short time. The electrodes should be at least one to one and a half inches in diameter. Place the anode over the painful spot, and the cathode at the back of the neck, or in the hand of the patient, and begin with a very mild force, just sufficient to be perceptible to the sensitive nerve, and gradually increase it up to a point just short of actual pain. A rheostat should be used in making these applications. Keep the current at this stage without change, until complete sedation follows. When sensation is abolished, gently turn off the current, and await reaction. If the paroxysm returns, repeat the operation, even if it be every half hour, until the attack be overcome. (The hand

of the operator also makes a most excellent electrode). I generally use, however, the galvanic current to the painful spots as follows: Switch into circuit from five to ten cells (a rheostat is always used); place the cathode as before, and apply the anode, which may be one inch or less in diameter, to the painful point with a current intensity of from one-half to one ma. for from three to ten minutes, as may be necessary. Upon the anode may be used cocaine, aconitine, morphine, atropine, and some other medicinal substances, being careful not to get the drugs into the eyes.

[NOTE.—About two hours after using aconitine amorphous, $\frac{1}{10}$ grain, (two dosimetric granules) upon a patient's forehead (supra-orbital) for pain, a free perspiration was noted at the point of application, which continued for some time. The local effect of the aconitine continued for about six hours, in this case, although probably not more than one-half of the amount used, was carried into the tissues.]

If the lesion causing the pain, be central, or deeply seated, good results may not follow cataphoresis. This is diagnostic.

IN CERVICO-OCCIPITAL NEURALGIA.—The same line of treatment may be pursued.

CERVICO-BRACHIAL NEURALGIA.—Place the cathode in the hand of the affected side, and with the anode follow the line of the nerves, dwelling upon the painful points. In chronic cases I use electro-massage (faradic) with the cathode. In all cases, acute or chronic, spinal and central galvanization or faradization or both, should be given as well.

DORSO-INTERCOSTAL NEURALGIA.—Seat the patient upon a wet sponge attached to the cathode (faradic), if the case be of recent origin, and go over the whole back and around the sides with the anode, using a mild cathodal force. Or, a large pad may be placed over the stomach, and the same treatment given. I frequently commence with the galvanic current and close with the faradic. For a chronic case, I use electro-massage (faradic), with as strong a force as the patient can comfortably bear. Sometimes the static spark takes the place of electro-massage, and with great ben-

efit. For use about the head, the breeze, from a wooden point, is applied.

SCIATICA, although seldom a true neuralgia, may, in its later stages be treated as such by the static spark. Such treatment should not be given as long as neuritis is a factor in the case. Locate the tender points by means of the faradic cathode, and give treatment with the galvanic anode over the whole course of the nerve, with the cathode at the sole of the foot. Cocaine hydrochlorate, or morphine sulphate may be used upon the anode, in acute conditions, that is, when neuritis is a factor, and aconitine, and especially chloroform, in the same way, when all inflammatory action has subsided. In some cases, the writer has overcome the disorder at one sitting, by using chloroform rather freely, on the anode, applied directly over the most painful point.

Treatment should be given, however, as often as necessary to control the pain. A current intensity of from ten to twenty milliamperes will in most cases be well borne, if not continued too long at a time. In making cataphoric applications, a diffusion electrode is preferable. My own is made of carbon, thoroughly saturated with hot paraffine, and insulated with hard rubber. Several sizes are useful for different localities.

Idiosyncrasy as to morphine and some other drugs, must be taken into account in making strong applications. Commence with small doses, one-fourth to one-half grain, and increase as desired. I have never had any unpleasant effect from using any drug, with the exception of morphine.

A low voltage is essential in all these applications. I use only sufficient force to carry the amperage necessary for the work in hand, and no more. The use of the electric light in the treatment of neuralgia and other ailments will be considered in a future paper.

1606 GREEN ST., PHILA., PA.

The Medical Age records a case of intussusception cured by carbonic acid gas inflation. About six gallons of gas were injected. The description of the case, however, points to fecal impaction rather than intussusception.

News.

The staff of the Buffalo City Hospital has resigned, *en masse*, as a protest against the management.

There was a little bit of venom manifested in the action of the hospital, that sent a diphtheria case directly to the office of the Board of Health, instead of to the Municipal Hospital.

Director Windrim addressed the Woman's Health Protective Association May 4. We were not present, and cannot tell whether tight lacing, trailing skirts, or thin-soled shoes, formed the subject of discourse.

Dr. A. Vanderveer, of Albany, has been nominated to fill a vacancy on the N. Y. Board of Regents. It is thought that the Democrats will acquiesce in the selection, and give Dr. Vanderveer the compliment of a unanimous choice.

We rarely go out of our way to speak of financial affairs; but rise to remark at this time that we know of many physicians who have made small fortunes, by keeping out of the stock market, and by disowning Reading and all its works.

Judge Reed has decided that a drover who sells to a butcher an animal affected with actinomycosis, admittedly and visibly, is amenable to the law of 1860. This law renders the exposure for sale of the flesh of any diseased animal, or any other unwholesome flesh, "knowing the same to be diseased or unwholesome," a misdemeanor.

THIOL IN SKIN DISEASES.—McLaughlin (*Notes on New Remedies*) reports favorably on thiol in the treatment of eczema of several varieties, acne, zoster, herpes, rosacea, ichthyosis, furuncle and carbuncle. He applied in lanoline ointment, one to eight; in zoster, a watery solution, one to four, was painted on twice a day, and the vessels covered with absorbent cotton. The distressing symptoms soon subsided.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, MAY 13, 1893.

SANITARY INSPECTION.

ANOTHER inspection of the slums district is in progress. This is quite entertaining and furnishes the newspapers a number of interesting items. It also gives the inspectors something to do. To the inhabitants it has ceased to be an enlivening episode and by frequent repetition has come to be considered a nuisance. If anything came of it, the case would be different, but people get tired of inspections that end in nothing. Time after time last summer this district was overhauled by the police, the sanitary inspectors and the medical inspectors. Each time the same nuisances were reported, overflowing cess-pools, wells leaking into cellars, alleys, yards and cellars reeking with filth, garbage and ashes uncollected, vacant lots piled six feet deep with rubbish, etc., etc. Each time the guilty parties were notified and each time they ignored the notices.

"The pikes went on sealing,
The eels went on eeling,
Much edified were they,
But preferred the old way."

As an illustration of the practical utility of the repeated inspections of last summer, we are told that the present

overhauling has detected *one thousand nuisances in four thousand houses inspected!* Comparison with last year's reports would show that these are the same old nuisances. The only remedy in the present state of affairs lies in the formation of block sanitary associations, where intelligent citizens take the matter into their own hands, in the good old American style, instead of waiting for officials to reel out red tape.

THE ST. AGNES' HOSPITAL, IMBROGLIO.

THE following letter explains itself:

PHILADELPHIA, May 3, 1893.

WILLIAM V. KEATING, M. D.,

Medical Director, St. Agnes' Hospital.

Dear Sir: We the undersigned members of the faculty of the Jefferson Medical College, beg to call your attention to what we feel is a well grounded grievance. In the rules governing the appointment of the medical staff of St. Agnes' Hospital signed by you as medical director it is provided as follows:

"I. There shall be four resident physicians elected annually by competitive examination.

"II. These shall be graduates of a creditable medical college in good standing and shall present a certificate of good moral standing from a regular practicing physician."

The position of resident physician in St. Agnes' Hospital has been so highly esteemed that our students, at a cost in time, labor and mental anxiety, have carefully prepared themselves for the competitive examination. It has come to our knowledge that these are openly violated. Drs. Rhoads, Birriolo and Bowman, graduates of Jefferson Medical College, presented their applications and certificates of moral standing. Dr. Rhoads was indorsed by Dr. H. A. Hare, a member of the medical staff of St. Agnes' Hospital; Dr. Birriolo was indorsed by Dr. Crandall, of Tioga County, Pa., and Dr. Bowman by Dr. A. F. Kempton, of Philadelphia.

Out of thirty-five applicants from various schools the results obtained by your own Examining Board: Dr. Rhoads, of

the Jefferson, was first on the list; Dr. Newcomet, of the University of Pennsylvania, was second; Dr. Birriolo, of Jefferson, was third; and Dr. Bowman, of Jefferson, was fourth. These three graduates of Jefferson having complied with all your requirements, were entitled to the first, third and fourth places out of the four appointments made. But as medical director you have set them aside and given the appointments to others. If the rules for competitive examination of St. Agnes' are rules, we say they should be fairly and justly carried out, which we claim has not been done in this instance, and we urge that you do justice to the men that stand at the head of the list by revoking the appointment of those elected; who stood twelve, sixteen and nineteen out of a list of thirty-five.

Very respectfully yours, H. C. Chapman, John H. Brinton, Theophilus Parvin, James W. Holland, William S. Forbes, William W. Keen, Morris Longstreth, H. A. Hare, James C. Wilson, E. E. Montgomery.

The grading was based on a possible fifty and the following was the result of examination as given by the Board of Examiners:—

Rhoads, Jeff.....	49	Hubbard, Jeff.....	44
Newcomet, Univ.....	48	Baldino, Univ.....	44
Birriolo, Jeff.....	48	Kelly, Univ.....	44
Bowman, Jeff.....	48	Gaylord, Univ.....	44
Kunzig, Univ.....	48	O'Drain, Univ.....	43
Vandervoort, Univ.....	47	Borsch, Jeff.....	42
Fix, Jeff.....	47	Hord, Univ.....	42
McDonald, Toronto.....	47	Hamilton, Univ.....	42
Smith, P J, Jeff.....	47	Fulton, Univ.....	41
Henry, Univ.....	47	Tinker, Jeff.....	40
Moon, Univ.....	46	Hobensee, Univ.....	39
Rice, Univ.....	46	Weherill, Univ.....	39
Sedgewick, Jeff.....	46	Bunce, Univ.....	39
Page, Univ.....	45	McAndrew, Univ.....	35
Fyle, Univ.....	45	Wright, Univ.....	35
O'Malley, Washington.....	45	Summer, Jeff.....	30
Elgeton, Univ.....	45	Farrell, Jeff.....	30
Keusen, Jeff.....	44		

Drs. Newcomet, Rice, O'Malley and Hubbard were appointed.

In his reply, Dr. Keating states that the certificates of moral character are accorded great weight in the selection of residents. Dr. Hubbard was appointed on Dr. J. M. Da Costa's recommendation; while the other successful candidates had only the good word of instructors or unknown preceptors.

This, however, could hardly apply to Dr. Rhoads, who was recommended by Professor Hare, and in whose behalf, we

are informed, two of the examiners, also members of the hospital staff, personally visited Dr. Keating. The query naturally arises, if these three gentlemen are not credible witnesses to the moral standing of a candidate, how do they themselves come to be on the hospital staff? Dr. Keating's explanation simply means that the so-called competitive examination is a farce; and that the appointments are made on the basis of influence, pure and simple. Still, in the list of alleged triumphs in "competitive examinations," the St. Agnes Hospital appointments figure, year after year.

If the hospital alone were concerned, and its patrons were content to be served by inferior men, no comment would be necessary. But the effect of such a lesson on these young men should be considered. After proving their superiority in a hard-fought contest, the reward of their labor is bestowed on their defeated competitors; who have taken pains to secure "influence." "Influence is what counts! What's the use of working? You may work, but I'll play; for is not Mulhoolley my friend, and he has a pull!" That is the lesson Dr. Keating impresses on these young men, at the outset of their professional career; when the mind is most impressible and may by such an injustice receive a lasting bias for evil. Under the circumstances, we would urge on the St. Agnes authorities the advisability of abolishing the pretense of a competitive examination, and leaving Dr. Keating to enjoy "the right of selecting whom he pleases," unhampered by any considerations of professional fitness. As it is, every candidate who has not been appointed is stigmatized as morally unfit, in spite of the Director's honeyed words; and every one who has endorsed the character of these young men can justly hold the action as a personal insult.

Annotations.

ON THE ACTION OF THE ORGANIC LIQUIDS.

SUCH is the title of an essay, delivered by an honorable and distinguished French physician, at a meeting of the Society of Practising Physicians and Surgeons, Paris. The *Medicine-Contemporaine* says: "It marks the beginning of a reaction against the quasi endorsement in favor of the organic juices," by those who have not hesitated to question the accuracy of statistics on this subject.

At the same meeting Dujardin-Beaumez spoke in strong approval of Dr. Bardet's position with reference to the question of "organic liquids," but said nothing regarding that of "statistics."

M. Bardet said that: "In calculating the results following the injections of these liquids, the majority of authors invoked statistics. The appeal to clinical statistics is the habitual practice of the famous *post hoc ergo propter hoc*. Besides, the *d clientele* of the testicular juice were recruited from an impressionable public, the neurasthenic, the hypochondriacal and worse. Hence experiments on them must be made with great caution. It is not a long time since I had one of these unfortunate subjects, on whom one of our distinguished *confrères* had practised the injection of sheep's brain. At first ameliorated, the poor devil soon discovered that the treatment made him much worse. 'Since,' said he, 'I began to subsist on brains of the sheep, the phenomena of excitation have become greatly aggravated, my sleep has gone, and I suffer incessant pain in my feet.'

According to Dujardin-Beaumez, suggestion plays a grand rôle with this method, that has been said to cure such trifling maladies as tabes, cholera, cancer of the stomach and diabetes! This is untrue, and Dr. Charcot denies that a single case, in his practice, has been cured or benefited by it. How can it be otherwise, when we know that these maladies arise from organic disease? What is lost, is lost, and all the organic liquids in the world cannot restore it. The truth is, that these organic liquids are, in general, tonic; and when we admit that, we admit all that can be admitted.

This strikes us as a most timely communication, now, since Brown-Séquard would have us give countenance to one of the baldest pieces of quackery the world ever saw. This eminent *savant* knows, or ought to know, that the biological elements of the lower animal will not mingle, assimilate, and proliferate with those of man, or with any other species different from their own. He should know, too, as he taught for years, that *all* animal substances must first be reduced to proximate elements, of different chemical qualities, by a process of digestion before they can be assimilated by the economy. This "organic fluid" fad has caused incalculable damage to legitimate medicine, as it is absolutely devoid of scientific basis; and if it were sound, true doctrine, it would mean that all scientific medicine, since the days of Galen, and of Harvey, was nought else than a monstrous imposition.

T. H. M.

SEX AND CRIME.

LOMBROSO, from a study of several thousand female criminals, traces the genesis of criminality in the sex, showing that the tendency towards crime develops *pari passu* with the deteriorating physico-mental organism. He analyzes the normal woman, and explains why she is at once merciful and unfeeling, and why she is in sexual passion less pronounced than man. The variation is less than among men. Atavism, especially in criminal matters, is more likely than in man. Deterioration once started proceeds more rapidly in women, while in the woman who is a born criminal there may accumulate ferocities of a more pronounced type than in the congenitally criminal man.—*Lancet*.

DR. P. D. KEYSER has resigned the chair of ophthalmology at the Medico-Chirurgical College, that he has held for the past ten years; during nine of which he has also been Dean of the Faculty. Dr. Keyser has been an earnest advocate of higher medical education; and as such largely instrumental in establishing the present high grade of instruction at this college.

An active canvass for the vacant chair has commenced.

THE third annual conference of State Medical and Licensing Boards will be held in Milwaukee, June 7, at the Pfister Hotel. The evolution of these Boards, their influence, composition and appointment, duties, and relations are to be considered. This is one of the most important meetings of the year. If the deliberations of this conference result in an agreement on the essential features, so that uniform legislation can be proposed all over the country, the cause would be greatly advanced. Indeed, the want of such uniformity has been the greatest obstacle to the formation of State Boards.

DR. ADOLPH MEYER, of our staff, has just been appointed, by Governor Altgeld, as Pathologist to the Illinois Central Asylum for the Insane, at Kankakee. It must be difficult to sustain an outcry against "political appointments," when such men as Senn, Clevenger and Meyer are chosen. We would be glad to see evidences of equal good judgment here in Philadelphia, where appointments are parcelled out among a ring of local politicians.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,
TIMES AND REGISTER,

1725 ARCH STREET, Philadelphia, Pa.

LOCALIZED "BACK-ACHE."

MY patient is a lady about thirty years old, who had one child three years ago. Her general health is just fair. The help I want is for a severe pain just posterior to the inferior angle of the scapula.

She is troubled with leucorrhea at times, also with constipation to some extent. She is a small woman, not at all fleshy, but rather spare.

T. B. CABLE, M. D.

PEMBERTON, OHIO.

[The pain may be either myalgia, spinal curvature, neuralgia, gastric, or reflex from the uterus

or rectum. Myalgia may be selected by applying the negative pole of a faradic battery to the muscles in succession; and cured by rest, inunctions of hot oil, and a daily mild positive current. Spinal curvature can be diagnosed by examination. Neuralgia is limited to the course of a nerve. Gastric pain will be accompanied by other gastric symptoms. An examination of the uterus and rectum will show if the cause lies there. The probability is that she has a tight anal sphincter that should be stretched (under ether), or else myalgia; probably from lugging that three-year old child.—Ed. T. & R.]

INSOMNIA.

WILL you kindly help me out in this case? A woman, aged about fifty-five to sixty years, weighing about 130 pounds, rather pale, has had gastric and intestinal indigestion. Hydrochloric acid and regular diet greatly improved her, but she still has occasional pains in the abdomen. Her main complaint is of insomnia. Sometimes she cannot get to sleep until midnight; and as soon as she drops off to sleep, she wakes suddenly. She has startings in her sleep; the extremities jerk; and she has peculiar sensations pass to the top of her head or her finger-tips. Now, I know you will say: "Examine her heart, her kidney, and all the other organs, and find the cause of her insomnia." I cannot get an opportunity to do this. She has been given potassium bromide by another physician, and I tried chloral, cannabis indica and nux vomica, without results. I thought I would try tetronal or hyoscine. She has suffered from insomnia for ten years.

J. M. WHITE, M. D.

SHUQUALAK, MISS.

[Try a bowl of hot milk or clam-juice, at bedtime, with a little capsicum in it. If this does not succeed, sulphonal, fifteen grains. See that the bowels are freely opened; a hot enema answers well. Nux vomica, if arteries are sound; iodine for atheroma; atropine for doubtful cases, to be given during the day.—Ed. T. & R.]

QUERIES.

I HAVE a case of fracture of the shoulder, and there are symptoms of paralysis: a sleepy feeling, as she calls it, in both legs. This was on the opposite side at first, but in both legs at this time. I am using strychnine and liniments with atropine. What shall I do in the case?

There is a company in Chicago, the Doctors' Mutual Manufacturing Co. Is it a reliable company?

In a case of ulceration of uterus, what do you use as an injection?

Where is the best place for one to go to learn surgery, or see the most operations?

What do you use in operations on the eye? Cocaine? How many grains to the ounce?

Z. R. MILLARD, M.D.

THACKERY, ILL.

[The paresis is probably hysterical. Treat by the faradic brush, with solid stick of nitrate of silver to the spine, and full doses of valerian. We cannot tell what the shoulder requires, or if there is any local affection acting as an excitant of the hysteria. This requires the thorough examination that every similar case should have, before settling on treatment.

The company alluded to has good names attached, and we believe it to be reliable. Apart from ethical considerations, we think doctors had better not be concerned in the manufacture of their supplies.

Uterine ulcer is rarely seen, unless venereal. Wash out the vagina thoroughly with antiseptics, kresin, permanganate, or chlorinated soda; and then apply aristol to the ulcer.

For surgical instruction, apply to the Medico-Chirurgical College of Philadelphia, where Pancoast, Laplace, Garrettson, and Ashton, hold excellent clinics; while the hospitals of Philadelphia embrace on their staffs enough skillful surgeons to supply the whole United States.

For eye operations, cocaine is still the favorite: twenty grains to the ounce.—Ed. T. & R.]

PALATAL ULCERS.

AGAIN I avail myself of the benefit of our "Bureau of Information," by requesting treatment for the following case:

A man, *aet* 30, with no syphilitic history, about a year ago had small ulcers of the uvula, pillars of the fauces and the pharynx; which have gradually spread into the posterior nares and anteriorly over the roof of the mouth. One large ulcer upon the latter place is almost deep enough to break through into the nasal cavity. There are now two large ulcers, each as large as a pea, on the posterior wall of the pharynx. Hearing and smell are affected, and there is painful deglutition; but no pain otherwise. The edges of the ulcer are not very red, and are a little swollen; but they do not look like syphilitic sores. The surface is freely covered with pus. There is positively no phthisis. Breathing through the nares is moderately impeded, and the voice is a little husky.

Please suggest diagnosis, treatment and prognosis.

J. K. LEGARE, M. D.,

FORKLAND, ALA.

[Such ulcers are almost certainly tubercular or syphilitic. Wash out the mouth very frequently with peroxide, dry the ulcers and apply iodoform or aristol. Improve the man's nutrition by rich food, wine, iron, quinine and cod-liver oil, in generous doses. Astringent and stimulating lotions should follow, such as sage tea with tincture of iron. Do not give mercury unless a diagnosis of syphilis can be made out.—Ed. T. & R.]

DEATH FROM CEREBRAL CONGESTION.

I WISH to report a case which I lost a few days since, through what I now consider to have been an error of omission. A girl of seven, whom I had never before seen, though apparently perfectly healthy in the morning, began to complain of headache at twelve o'clock, and at one went suddenly into convulsions. I was called about 3 P. M. to see her. At that time she was lying quietly, but unconscious; pupils normal. Before I left she twitched and jerked several times, but made no violent convulsive movements. Her pulse was full, rapid and bounding, head hot. Thinking it was a congestion of the head due primarily to digestive disturbance, I left gr. $\frac{1}{10}$ calomel to be dropped on the tongue every half hour, and a mixture of tinctures aconite and belladonna to be given every fifteen minutes for the purpose of equalizing the circulation. I also told them to give her feet and legs a hot bath. At 7 P. M., the mother came to my office telling me that the child was conscious and had asked to be let alone. It seems, however, that this return to consciousness was only for some ten minutes, as she again relapsed into unconsciousness, had several convulsions, and died at one in the morning. With the greatest amount of difficulty I succeeded in gaining permission to examine the child's brain, in order to make certain whether my diagnosis of death from cerebral congestion was correct, but they would not permit examining the rest of the organs. I found, however, as I had supposed, evidences of a violent acute congestion, the blood vessels engorged to their fullest extent. My first error was in not going back to see a child so dangerously ill that evening, no matter what the mother said about return to consciousness; the second one was, I think, in not bleeding. In a child of that age, who went into

convulsions so suddenly and remained unconscious for so long a time, I believe I did wrong to rely on the comparatively slow action of medicines, and that if I had drawn blood could probably have saved its life.

EARNEST B. SANGREE, M. D.,
744 SOUTH FIFTEENTH STREET.

Book Notes.

THE CREATION OF GOD. By Dr. Jacob Hartman.
New York: The Truth Seeker Company,
1893. Cloth, 8 vo., pp. 432.

This work consists of furious diatribes against Judaism and Christianity, Rabbits and Priests, Prophets and Apostles—and the Bible. Strange to say neither Edda, Veda, Avesta, Koran, nor Book of Mormon are thought of in connection with superstition. It seems also that the one-god dogma is just as obnoxious to the author as is that of the Trinity. In this he has made a great advance over Tyndall, Huxley and other obsolete scientists, who have subscribed themselves "agnostic;" for our doctor knows that there is no God.

The few chapters devoted to the physical sciences are all right, but outside of that the book is jejune and subjective to the last degree. In the domain of history, of culture and of archæology, the few facts given are mistaken ones, and of their many and great discoveries this treatise is oblivious. The location of the rivers Gihon and Pison on his chart is, in view of the discoveries of Wetzstein and Sayce, simply amusing. Of this book, as of the ever-increasing annual deluge of pseudo-scientific works since the days of Higgins, Bryant, Faber, *et al.*, one can repeat the remark, attributed to Abraham Lincoln, that: "For those who like this sort of thing, it is the very sort of thing they like."

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX, 1893. Eleventh year.
New York. E. B. Treat. Pages, 626. Price, \$2.75.

It is a trite remark to make of a book nowadays to say that "no physician can afford to be without it," but if true of any work it is certainly true of this annual. It is impossible for any one to charge his mind with the multitude of new and good suggestions and discover-

ies appearing in the world's medical journals each year, but by means of the present work the necessity for such an attempt is spared him.

Here is gathered up in a concise and readable form by men of well-known merit in their particular lines, whatever of advance has appeared during the year, and the owner can at a glance command all the literature that has come out on any particular subject. As an additional convenience and saver of time, a synopsis of the new treatment of the 1892 volume is appended to each article in the edition of 1893. The work, however, is not a mere compilation of matter that has already been printed, a large number of new monographs are incorporated. Some of these are, comparatively speaking, quite full, and two, those of aero-urethroscopy and laryngoscopy, are illustrated with excellent colored lithographs. In the first part of the book fifty-eight pages under the editorship of Prof. Hobart Hare, are devoted to new remedies; then follows the main body of the work on new treatment. At the close are chapters devoted to sanitary science, progress in pharmacy, and one on new inventions. The whole concludes with a list of medical books, mainly American, issued during the past year, and a complete and satisfactory index.

News and Miscellany.

TWELFTH ANNUAL COMMENCEMENT OF THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

The annual meeting of the Alumni Association was held in the College May 3d, and was presided over by Dr. William H. Pancoast. The graduating class, forty-six in number, was in attendance, and, after their names had been read by the Secretary, W. B. Stewart, Zane B. Taylor, on behalf of the graduates, made a short address. Appropriate remarks congratulating the graduates were then made by Dr. Pancoast.

The following are the names of the graduates:—

Albright, Jacob D.; Beck, Charles E.; Beck George F.; Bowers, Charles E.; Brubaker, Benjamin F.; Campbell, William J.; Diltz, Harry C.;

Edmondson, J. J.; Falls, Samuel C.; Fry, W. W.; Graf, A. F.; Gray, John M.; Gregg, Charles E.; Hunter, John R. W.; McKeage, Robert B.; McKelvey, William W.; Miley, Harry M.; Morris, Spencer, M. D.; O'Reilly, Thomas B.; Pancoast, William H., A. M., M. D.; Shields, William H.; Shindle, William L.; Shoemaker, J. Frederick; Shoemaker, John V., A. M., M. D., Pennsylvania; Taylor, Zane B.; Thompson, Edwin Gilpin, Nova Scotia; Walter, Mitchell; Webb, R. Davis; Welch, John C.; White, Thomas D., of Pennsylvania; Thomas L. F. Armitage, of Ireland; Charley K. Burt, C. Lincoln Furbush, Howard S. Kinne, of New York; George H. Crabtree, of Maine; Andrew H. Harris, of North Carolina; Julius D. Love, Daniel A. Modell, S. Seilkovitch, George A. Freeman, of Russia; John McNichol, of Canada; Morris E. Michel, William H. Pratt, Clinton H. Read, of New Jersey; Thomas W. Moore, of Kentucky; Edwin Gilpin Thompson, of Nova Scotia.

The following officers of the association were elected: President, William H. Pancoast; Vice-Presidents, Thomas B. Earley, I. M. Koch, M. F. Gates, A. J. Maher, J. C. McCartney, Henry Fisher, H. O. Starkey, W. X. Sudduth, Albert Kolb, P. Appleman, W. J. Campbell; Secretary, W. Blair Stewart; Treasurer, E. S. Gans. The executive Committee is as follows: Chairman J. V. Shoemaker; Mrs. Sangree, Levy, Krug, Cramp, Embery, Eagan, Gubbins, Cleaver, Hovnanian, Ramsey, Watson, Falls, O'Reilly, Pratt, Furbush, Taylor, Cassidy, Boenning, Croskey, Woodbury, Dickinson, Hoopes, and Anders.

The annual address was delivered in the College Building by General Daniel Hastings. About 150 were in attendance at the banquet tendered to the General at the Builder's Exchange after the meeting. Addresses were made by Col. McClure, General Hastings, Very Rev. J. F. Laughlin, Mr. D. T. Pratt, Profs. Pancoast, Laplace, Stewart, Montgomery, C. K. Mills, Waugh, Haehtlen, Ashton and others. The banquet was an elegant affair, and great enthusiasm was displayed.

The twelfth annual commencement was held at noon May 4, at Chestnut Street Opera House. The auditorium was comfortably filled by a large number of the friends of the graduates.

Hassler's Orchestra gave selections from Milloecker, Long, Sullivan and Waldteufel. After the rendition of Froehlich's entree march "Amazonen", the Very Rev. James F. Laughlin, D. D., Chancellor of the Diocese, offered a prayer, and then Prof. William H. Pancoast,

A. M., M. D., President of the College, conferred the degree of M. D. on forty-six graduates. The address to the graduates was delivered by Professor Ernest Laplace, A. M., M. D., Professor of Surgery, Pathology, and Clinical Surgery, who took for his subject "The Physician of To-day," in which he said, among other things:—

"Youth is apt to yearn for opportunity to do the deeds that give men fame, and to mourn that in this utilitarian age there are no longer ferocious giants or fiery dragons or other monsters to destroy; no longer unfortunate knights or beautiful maidens to rescue from captivity and death, no longer an opportunity to do heroic deeds. I would impress you, on the contrary, that this world of suffering and sin is still full of great opportunities; full of monsters as the hydra with two heads sprouting for every one severed; full of the innocent and helpless, who can be rescued from captivity and death. Neither Hercules nor King Arthur, neither Richard of the Lion Heart, nor Bayard without fear and without reproach, had more opportunities than you have to do great deeds. The worst monsters that ever ravaged mankind still capture and devour us, although these monsters can be vanquished. The familiar names of some of them are consumption, diphtheria, scarlet, typhoid and yellow fever, cholera, drunkenness.

"To wage war against these monsters your Faculty has girded on your armor, has signed your commissions as leaders of the people against mankind's most destructive foes—dirt, drunkenness, and disease. Teach the people that science has conclusively proved that sickness and death from catching diseases are very surely not due to the will of a pitiless God, but surely to man's fatal ignorance and negligence of the laws of Nature's God. Instead of saying with reference to disease, 'The Lord gave and the Lord has taken away; blessed be the name of the Lord,' rather let it be, as we now see the truth, 'The Lord gave, man's criminal ignorance has taken away; cursed be the name of ignorance.' Teach the people that while the Pagans who made ancient Rome mistress of the world established that the health of the people is the supreme law, we of boasted modern progress neither appreciate nor execute that law. Enlighten the people so that the interest of the government will be directed towards furnishing such appropriations as will give the quickest development to that science capable of such good to the nation.

"Teach the people that medical institutions are the fountain heads whence the science of hygiene, like pious incense, spreads over the world the message of health, wealth, and happiness. Out of these grow the flowers of love and good-will to men, by which charities are founded, hospitals endowed, laboratories established for the further pursuance of those studies whose practical application is the raising of the human kind to a higher plane—higher civilization, nobler aspirations—giving an earlier foretaste of 'the day when man will have developed into that crowning race which, eye to eye, shall look on knowledge, under whose command is Earth and Earth's, and in their hands is Nature like an open book, and all we are is but seed of what in them is flower and fruit.'"

In conclusion he said :

"Therefore, gentlemen, to reach this ideal, which I know is not all a dream, we would see you with our alumni bound by a brotherly friendship; we would see you take rank, and study, to learn, study to succeed, study to acquire vaster stores of knowledge; and while the Faculty extends to you a parting hand, I read in your hearts the silent, but firm, resolve to be devoted to the best interests and progress of your chosen profession, and to reflect honor upon your Alma Mater.

"It only remains for me, gentlemen, to bid you God speed in your entrance into professional life, and, with the best wishes of my heart, say a final 'Farewell! A word that hath been and must be a sound that makes us linger, yet—farewell!'"

The prizes were then awarded as follows :

The Faculty gold medal, to Andrew H. Harris.

The Anatomy gold medal, to Charles Lincoln Furbush.

The Morris prize, \$50 in gold, to J. Frederick Shoemaker and W. H. Shields.

The Faculty, prize of the Junior Class, to J. G. Hercelroth, of Pennsylvania.

The Freshman prize, a gold medal, to J. F. Downing of Pennsylvania.

The prize in Obstetrics was awarded to Geo. H. Crabtree; who also won a case of pocket instruments for the best report of Prof. Pancoast's clinics.

JEFFERSON MEDICAL COLLEGE.

Jefferson Medical College held her 68th commencement exercises May 2d, at the Academy of Music. The graduates numbered 188.

After the conferring of the degrees the Dean of the Faculty made the award of prizes, as follows:

1. A gold medal for the best essay on a subject pertaining to surgery, to Henry J. Sommer, Jr., of Pennsylvania, with a certificate of honorable mention for the essay of Soren Sorenson, of Wisconsin.

2. A gold medal for the best essay on a subject pertaining to obstetrics to Warren A. B. Knapp, of Pennsylvania, with a certificate of honorable mention for the essay of William George Ramsey, of Pennsylvania.

3. A gold medal for the best anatomical preparation, to William White McKenzie, of North Carolina, with a certificate of honorable mention for the preparation of Benjamin Matthias Bartilson, of Pennsylvania.

4. A gold medal for the best exami-

nation in therapeutics, to Andrew Clymer Biehn, of Pennsylvania, with certificates of honorable mention to William George Kleinstuber, of Pennsylvania, and Wilmer Krusen, of Pennsylvania.

5. A gold medal for the best essay on a subject pertaining to the practice of medicine; to Rudolph Emile Müller, of Switzerland, with a certificate of honorable mention for the essay of Peter Charles Green, of Pennsylvania.

The President, ex-Mayor Fitler, introduced Professor Keen, who gave the valedictory address.

THE WOMEN.

At the forty-fifth annual commencement of the Woman's Medical College, forty-seven graduated, the largest class in the history of the institution. The address was delivered by Dr. Anna M. Fullerton. The gold medal in surgery was awarded to Jannat Ernestine Hills, of New York.

City Solicitor Warwick has decided that when an alley has been declared a nuisance, the Board of Health has the right to have it repaved with asphalt. This is a matter of great importance, as the alleys present one of the most difficult problems in city sanitation. Cleaning is often impossible, as the brick paving, laid without foundation, soon becomes broken up and the dirt lies in holes. With asphalt paving, properly laid and graded, there is no excuse for dirty alleys.

According to the *Shoe and Leather Reporter*, a convict in a certain penitentiary, whose crime was dishonesty, is compelled to spend his days cutting out pieces of pasteboard which are put between the outer and inner soles of shoes which are to be sold as made of solid leather. This discipline doubtless proceeds on the homeopathic principle, that "like cures like."

To the large number of persons whose sympathies with a wife murderer are of a hysterical character, and who have exhausted the possibilities of Carlyle Harris, the conviction of Dr. Buchanan will fill an aching void.

In his address to the P. E. Convention, Bishop Whittaker referred as follows to the danger from the cholera:

"During the greater part of the year the prevalence of cholera in various parts of Europe has excited the fears of many in regions where the disease has not appeared, and its possible manifestation in the United States is now a source of anxiety from which no one can be wholly free. The danger is no doubt increased by the relaxation of the stringency of the quarantine regulations which had been established, and in our own city by the peculiarly favorable conditions existing for its rapid development should it once appear. Having these facts in mind, I set forth, a few weeks since, a prayer to be used in our churches, in which, after referring to the instructions which God gave to the chosen people in the wilderness for preserving health and preventing contagion, there follows this petition: 'God gave us wisdom to do all that in us lieth to avoid this, so great a plague.' These words recognize that, to a great extent at least, the prevalence or non-prevalence of cholera is within our own control. The nature of the disease is now supposed to be understood; it is not supernatural; it does not come upon nations or places as an arbitrary infliction from God. It is a natural result of the violation of His law just as truly as trembling nerves and a shattered constitution are the penalty of drunkenness. It is truly, wherever it exists, a judgment that is not arbitrary nor capricious, but in exact accordance with the law which he has made for the governance of the world. We can do something to prevent the cholera ravaging our city, causing it to be shunned by all travellers, injuring its business, carrying terror into many families, destroying the happiness of many homes, taking away the lives of those we love, and perhaps our own. We pray for wisdom to do all that in us lieth to avoid this plague. Have we considered what we can do, and are we doing it? The cholera is a dirt disease—it is born of foulness, it thrives in filth."

He then referred to the connection of cholera with impure water, and the necessity of keeping the house and vicinity clean, enforcing the sanitary laws, especially where the people are not likely to see to things themselves.

The following questions were given out at the examination of candidates for Philadelphia City Hospital Residencies:

1. Give the differential diagnosis of amyloid kidney, parenchymatous and interstitial nephritis.

2. What pathological condition would you find, if you had the following symptoms: Headache, tinnitus aurium, epistaxis, dry cough, dyspnoea, flushed face, rapid and forcible heart action, and pulsating aorta?

3. What is opium? Name its alkaloids and give the conditions for its administration.

4. Describe the treatment of post partum hemorrhage.

5. Name the objections to the use of ergot in labor.

6. Give the pathology and treatment of Pott's fracture.

7. Give the differential diagnosis of cardiac dilatation, and pericarditis with effusion.

8. (a) Give the etiology of appendicitis.

(b) Give the most useful diagnostic points.

(c) Give the indications for operative interference.

9. Give the diagnosis and treatment of Asiatic cholera.

10. Give the diagnosis and treatment of diphtheria.

ELECTRO-THERAPEUTICS.—The most important advance in modern electrotherapeutics is the method elaborated by Dr. W. H. Walling, which consists in the introduction into the system of an indicated medicinal substance by means of the galvanic current, *in strict conformity with the unerring laws of electro-chemistry*. Benjamin Ward Richardson first demonstrated that chemical agents could be passed into the human body through the agency of galvanism; but to Dr. Walling is due the credit of showing that the pole to be employed varies with the nature of the drug administered, and of *preconising* the rules for this valuable method.

Changes in the Medical Corps of the U. S. Navy for the week ending May 6, 1893: Assistant Surgeon, James G. Field, ordered for examination preliminary to promotion.

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PROF. JAMES F. BARCOCK, the well-known chemical expert, for many years State Assayer for Massachusetts, recently purchased in open market a sample of WALTER BAKER & CO.'S BREAKFAST COCOA, and after making a careful chemical and microscopic examination, filed a certificate in which he says:

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stance which produces Peroxide of Hydrogen when placed in contact with water or moist surface (wounds, mucous membranes and other tissues).

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